

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/583415

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5		4				
6		4				
7		①				
8		①				
9		①				
10		①				
11		①				
12		①				
13		①				
14		①				
15	1					
16			1			
17				1		
18				1		
19				1		
20				1		
21				1		
22				1		
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50						
TOTAL IND.	3	↓	2	↓	0	↓
TOTAL DEP.	18	←	12	←	0	←
TOTAL CLAIMS	21		14		0	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	